

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2006 8:00 am**  
**Secretary of State**

04-07-2006 90038 012 \*\*\*150.00

**DOCUMENT # P05032**

1. Entity Name  
**TOWER SQUARE SECURITIES, INC.**



Principal Place of Business  
**CORP TAX 19CP  
P.O. BOX 990027  
HARTFORD, CT 06199-0027 US**

Mailing Address  
**CORP TAX 19CP  
P.O. BOX 990027  
HARTFORD, CT 06199-0027 US**

**50010039**



2. Principal Place of Business

3. Mailing Address

**One MetLife Plaza**

Suite, Apt. #, etc.

**27-01 Queens Plaza N.**

03032006

Chg-P

CR2E034 (11/05)

City & State

City & State

**Long Island City, NY**

4. FEI Number

**06-0843577**

Applied For

Not Applicable

Zip

Country

Zip

**11101**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Delete  
NAME **FEID, GEORGE R**  
STREET ADDRESS **P.O. BOX 990027**  
CITY-ST-ZIP **HARTFORD, CT 061990027**

TITLE **P,D** ☒ Change ☐ Addition  
NAME **Craig W. Markham**  
STREET ADDRESS **13045 Tesson Ferry Road**  
CITY-ST-ZIP **St. Louis, MO 63128**

TITLE **V** ☒ Delete  
NAME **KOKULIY, GEORGE L**  
STREET ADDRESS **P.O. BOX 990027**  
CITY-ST-ZIP **HARTFORD, CT 061990027**

TITLE **VP** ☒ Change ☐ Addition  
NAME **Steven J. Brash**  
STREET ADDRESS **One MetLife Plaza, 27-01 Queens Plaza N.**  
CITY-ST-ZIP **Long Island City, NY 11101**

TITLE **D** ☒ Delete  
NAME **LAMMEY, GLENN**  
STREET ADDRESS **P.O. BOX 990027**  
CITY-ST-ZIP **HARTFORD, CT 061990027**

TITLE **D** ☒ Change ☐ Addition  
NAME **Michael K. Farrell**  
STREET ADDRESS **10 Park Avenue**  
CITY-ST-ZIP **Morristown, NJ 07962**

TITLE **T** ☒ Delete  
NAME **LAVERTY, JOHN M**  
STREET ADDRESS **P.O. BOX 990027**  
CITY-ST-ZIP **HARTFORD, CT 061990027**

TITLE **T** ☒ Change ☐ Addition  
NAME **Anthony J. Williamson**  
STREET ADDRESS **One MetLife Plaza, 27-01 Queens Plaza N.**  
CITY-ST-ZIP **Long Island City, NY 11101**

TITLE **S** ☒ Delete  
NAME **WRIGHT, ERNEST S**  
STREET ADDRESS **P.O. BOX 990027**  
CITY-ST-ZIP **HARTFORD, CT 061990027**

TITLE **S** ☒ Change ☐ Addition  
NAME **Gwenn L. Carr**  
STREET ADDRESS **One MetLife Plaza, 27-01 Queens Plaza N.**  
CITY-ST-ZIP **Long Island City, NY 11101**

TITLE **D** ☒ Delete  
NAME **RUSSO, JOANNE K**  
STREET ADDRESS **P.O. BOX 990027**  
CITY-ST-ZIP **HARTFORD, CT 061990027**

TITLE **D** ☒ Change ☐ Addition  
NAME **William J. Toppeta**  
STREET ADDRESS **One MetLife Plaza, 27-01 Queens Plaza N.**  
CITY-ST-ZIP **Long Island City, NY 11101**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Steven J. Brash*

**Steven J. Brash, Vice President, 3 / 2 / 2006, 212-578-4852**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #